## M16000006393

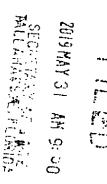
(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 29, 2019

Order#: 760628-041

Re: PMX AGENCY LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX \_\_ Check in the amount of \$25 .

Please take the following action:

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: PMX AGENC	Y, LLC	
2. (a)	One World Trade Center, 63rd Floor	(b)	
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(//)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10007		
	08/10/2016	M1	6000006393
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:
	1200 South Pine Island Road		7
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2019 HAY
	Plantation Fi	L33324	
(b)	Corporation Service Company		
(11)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee	32301	
ne cha igent v was/yo	imited liability company is not organized under the latinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of less of organization or the operating agreement of the	f the registered iability compan of the limited li imited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signal	ture of a member or authorized representative of a member	Jili Climi, /	Authorized Person Printed or typed name of signee
he obl o mere otified	w accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide all reflect a change in the registered office address. It in writing of this change	perjormance of d for in Chapte hereby confirm	s convicing. I further carea to comply with de-

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00